

Pharmacy First Additional Local Services

Monthly Audit and Claim Form for Advice / Referral / Supply by PGD via Community Pharmacies

COPD / SKIN INFECTIONS // MINOR SKIN CONDITIONS

Month : \_\_\_\_\_

Pharmacy Stamp
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<p><b>COPD</b></p> <p>No of Patients _____ Given Advice</p> <p>No of Patients _____ Referred to GP/ NHS24 /OOH</p> <p>No of Patients _____ Medication Supplied via PGD</p>
<p><b>SKIN INFECTIONS</b></p> <p>No of Patients _____ Given Advice</p> <p>No of Patients _____ Referred to GP/ NHS24 /OOH</p> <p>No of Patients _____ Medication Supplied via PGD</p>
<p><b>MINOR SKIN CONDITONS</b></p> <p>No of Patients _____ Given Advice</p> <p>No of Patients _____ Referred to GP/ NHS24 /OOH</p> <p>No of Patients _____ Medication Supplied via PGD</p>

**I hereby Claim £10 per Episode of Supply / Patient Advice / Referral**

Total number of patient consultations	
Total amount claimed	£

Pharmacist Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacist Signature: \_\_\_\_\_

NB: Individual Contractors may be asked to provide evidence of providing the service

For Primary Care Contractor Services Use

Number of Consultations \_\_\_\_\_ @ £10 = \_\_\_\_\_ TOTAL PAID \_\_\_\_\_

Authorised \_\_\_\_\_ Date Paid \_\_\_\_\_

**PLEASE RETURN CLAIM FORM TO:**

Carol Droubay  
 Pharmacy Contracts Officer  
 Primary Care Contractor Services, NHS Forth Valley, Suite 2, Carseview, Castle Business Park, Stirling  
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